

Health Regulation & Licensing Administration

Received 8/27/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2018
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NAME OF PROVIDER OR SUPPLIER DC HOME HEALTH HOLDINGS, LLC D/B/A VM	STREET ADDRESS, CITY, STATE, ZIP CODE 20 F STREET, NW, STE 747 WASHINGTON, DC 20001
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H 000 INITIAL COMMENTS

H 000

An initial full survey was conducted from 08/14/18 through 08/20/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency (HCA) provides home care services to 283 patients and employs 616 staff. The findings of the survey were based on a review of 15 current patient records, five discharged patient records, 20 employee records, and 12 complaints. The findings were also based on five home visits, ten current patient telephone interviews, and patient/staff interviews.

Listed below are abbreviations used throughout the body of this report:

ADL - Activities of Daily Living
DON - Director of Nursing
HCA - Home Care Agency
HHA - Home Health Aide
POC - Plan of Care
ROM - Range of Motion
SN - Skilled Nurse
SOC - Start of Care

H 355 3914.3(d) PATIENT PLAN OF CARE

H 355

The plan of care shall include the following:

(d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies;

This Statute is not met as evidenced by:
Based on record review and interview, the HCA

DC Home Health Agency DBA VMT Home Health Agency makes its best effort to operate in substantial compliance with both Federal and State laws. A Statement of Deficiency (SOD) does not constitute an admission or agreement by any party, its officers, Directors, employees or agents as the truth of the facts alleged or the validity of the conditions set forth on the Statement of Deficiency Report. The SOD is prepared and/or executed solely because it is required by Federal and State laws.

H 355

VMT Home Health Agency has identified the beneficiaries POC that did not have expected duration stated in months, although all POC have a description of services to be provided which includes the frequency, amount, and certification period.

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Health Regulation & Licensing Administration

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H 355	Continued From page 1 failed to ensure each POC included the expected duration of the HHA services to be provided for seven of 15 active patients in the sample. (Patients #8, #9, #16, #17, #18, #19 and #20) Findings included: 1. Review of Patient #8's clinical record on 08/15/18 at 1:00 PM showed a POC with a certification date of 01/05/18 to 02/04/19 for HHA services eight hours a day, five days a week to assist the patient with ADL, light housekeeping and meal preparation. Further review of the POC failed to show the expected duration of the HHA services to be provided. 2. Review of Patient #9's clinical record on 08/15/18 at 2:00 PM showed a POC with a certification date of 02/15/18 to 01/15/19, and a physician order for HHA services eight hours a day, seven days a week to assist the patient with ADL, light housekeeping and meal preparation. Further review of the POC failed to show the expected duration of the HHA services to be provided. 3. Review of Patient #16's clinical record on 08/15/18 at 11:45 AM showed a POC with a certification date of 02/07/18 to 01/07/19, and a physician order for HHA services eight hours a day, seven days a week to assist the patient with ADL, light housekeeping, meal preparation, socialization and to attend appointments as needed. Further review of the POC failed to show the expected duration of the HHA services to be provided. 4. Review of Patient #17's clinical record on 08/15/18 at 11:55 AM showed a POC with a certification date of 09/16/17 to 09/15/18, and a	H 355	I. VMT is unable to retrospectively correct documentation on the signed POC for each recertification period identified. Moving forward, VMT will begin to enforce that each POC states the duration in months such as HHA services for 8hrs/7days a week X <u>12months</u> . In-service was completed 08/23/18 with the Data Entry and the Quality Assurance coordinator on the importance of including the expected duration of HHA services in months on all POC. II. VMT's Quality Assurance coordinator will review all POC prior to approval for faxing/mailing to PCP for review and signature to ensure that POC have specified duration of service in month III. Moving forward, VMT will perform quality audits on a sample size to measure compliance. VMT's Quality Assurance coordinator will perform the audits to ensure that all POC include the duration of service in month. A sample size of 10% will be assessed to determine compliance and will be the benchmark for any modification of the audits going forward. The audits will be overseen by the DON and the Administrator, or whoever is designated.	08/23/18

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H 355	Continued From page 2 physician order for HHA services eight hours a day, seven days a week to assist the patient with ADL, light housekeeping, meal preparation, socialization and to attend appointments as needed. Further review of the POC failed to show the expected duration of the HHA services to be provided. 5. Review of Patient #18's clinical record on 08/15/18 at 12:15 PM showed a POC with a certification date of 03/10/18 to 03/09/19, and a physician order for HHA services eight hours a day, seven days a week to assist the patient with ADL, light housekeeping, meal preparation, socialization and to attend appointments as needed. Further review of the POC failed to show the expected duration of the HHA services to be provided. 6. Review of Patient #19's clinical record on 08/15/18 at 12:45 PM showed a POC with a certification date of 09/14/17 to 08/22/18, and a physician order for HHA services eight hours a day, seven days a week to assist the patient with ADL, light housekeeping, meal preparation, socialization and to attend appointments as needed. Further review of the POC failed to show the expected duration of the HHA services to be provided. 7. Review of Patient #20's clinical record on 08/15/18 at 1:15 PM showed a POC with a certification date of 10/21/17 to 10/20/18, and a physician order for HHA services eight hours a day, seven days a week to assist the patient with ADL, light housekeeping, meal preparation, socialization and to attend appointments as needed. Further review of the POC failed to show the expected duration of the HHA services to be provided.	H 355			

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H 355	Continued From page 3 On 08/16/18 at 3:10 PM, the DON stated during interview that it was a typographical error and the staff member preparing the POCs will be in-serviced on the importance of including the expected duration of the HHA services to be provided. At the time of this survey, the HCA failed to document all pertinent information regarding the expected duration of the HHA services to be provided on the POC.	H 355			
H 459	3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evalutaion of patient instruction; and This Statute is not met as evidenced by: Based on interview and record review, the agency failed to ensure its SN staff (I) provided evidence that specific instructions were afforded to patients related to their health care conditions and (II) documented the evaluation of training provided in a manner that reflected the patient's comprehension of the given instruction, for two of 15 patients in the sample (Patient #15 and #20). Findings included: I. The HCA failed to ensure its SNs documented the specific instructions that were afforded to the patient related to his/her health care conditions.	H 459	H 459 I. The two nurses notes identified during the survey missing documentation of teaching and/or response to teaching were both re-trained one-on-one by the DON on 08/24/18 on the importance of documenting patient instruction in accordance with the POC, and evaluation of patient's response to the specific instruction that was provided during each visit. In addition, in-service training on the importance of patient instruction, and evaluation of patient understanding to instruction will be scheduled for all professional staff in an attempt to ensure that other professional staff are meeting the requirement for patient instruction and evaluation of patient response to instruction(s) provided.	09/30/18	

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H 459	Continued From page 4 a. On 08/15/18, at 11:15 AM, review of Patient #15's POC revealed a SOC date of 05/23/18 and a certification period of 07/22/18 through 09/19/18. The patient was diagnosed with a Stage II sacral pressure ulcer, Diabetes Mellitus Type II, generalized muscle weakness, primary osteoarthritis, and sciatica, unspecified side. The POC indicated a documented order for the SN to instruct the patient on the following: Disease management; Wound care management; Turning and repositioning; Pain management; Infection control; ROM exercises; Dietary requirements; and Fall prevention. On 08/15/18 at 11:17 AM, review of Patient #15's Medicaid and Medicaid Wavier Monthly Visit Notes, dated 07/23/18, 07/25/18, and 07/29/18, showed no documented evidence that the SN provided the patient with specific educational instructions related to Patient #15's specific health care conditions as ordered by the POC. On 08/15/18 at 1:40 PM, interview with the DON showed that the SN will be retrained to ensure the SN documented specific instructions afforded to Patient #15 as ordered by the POC. At the time of the survey, the HCA failed to ensure that all SNs documented specific instructions afforded to the patients as related to their health care conditions. II. The HCA failed to ensure its SNs documented each patient's specific comprehension of the health teaching instructions related to his/her	H 459	II. VMT's Quality Assurance coordinator will ensure that all professional staff notes are reviewed for documentation of patient instruction in accordance with the POC, and evaluation of patient's response to the specific instruction that was provided during each visit. Any note identified as incomplete will be reported to the DON for follow-up with staff. III. Moving forward, VMT will perform quality audits on a sample size to measure compliance. VMT's Quality Assurance coordinator will perform the audits to ensure that professional staff are meeting the requirement for patient instruction and evaluation of patient response to instruction(s) provided. A sample size of 10% will be assessed to determine compliance and will be the benchmark for any modification of the audits going forward. The audits will be overseen by the DON, or whoever is designated.		

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H 459	Continued From page 5 health care conditions. a. On 08/15/18 at 11:40 AM, review of Patient #15's Medicaid and Medicaid Wavier Monthly Visit Note dated 07/30/18 showed that the patient was given instructions on turning and repositioning every two hours. However, the SN failed to document the specific components of the training that Patient #15 understood on the aforementioned date. On 08/15/18 at 2:00 PM, interview with the DON showed that the SN will be retrained to ensure the nurses documented the evaluation of provided training in a manner that reflected Patient #15's comprehension of the given instructions on turning and repositioning every two hours. At the time of the survey, the HCA failed to ensure the SN documented the patient's specific comprehension of the given instructions on turning and repositioning. b. On 08/15/18 at 1:20 PM, review of Patient #20's Medicaid and Medicaid Wavier Monthly Visit Note dated 07/25/18 showed that the patient was given instructions on avoiding table salt and the risk factors associated with uncontrolled hypertension. However, the SN failed to document the specific components of the training that Patient #20 understood on the aforementioned date. On 08/15/18 at 2:45 PM, interview with the DON showed that the SN will be retrained to ensure the nurses documented the evaluation of provided training in a manner that reflected Patient #20's comprehension of the given instructions on avoiding table salt and the risk factors associated with uncontrolled hypertension.	H 459		

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H 459	Continued From page 6 At the time of the survey, the HCA failed to ensure the SN documented the patient's specific comprehension of the given instructions on avoiding table salt and the risk factors associated with uncontrolled hypertension.	H 459	